

# Ombudsman

## How Do I contact my Ombudsman?



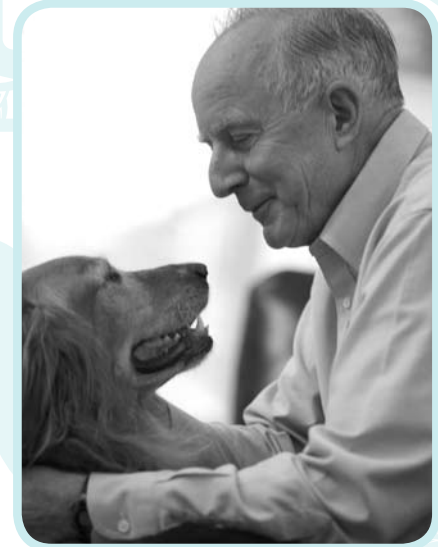
- **Phone Numbers:**  
Local: (425) 424-1113  
Toll Free: 1 (800) 869-7175 Ext. 141113
- **Mailing Address:**  
PO BOX 4004  
Bothell, Washington 98041-4004
- **Fax Numbers:**  
Local: (425) 424-7156  
Toll Free: 1 (800) 282-9929

An Ombudsman will research your concerns or issues and work to resolve them as soon as possible while keeping your mental health rights in mind.



PO Box 4004  
Bothell, WA 98041-4004  
Phone: 425-424-1113  
1-800-869-7175 Ext. 141113  
[www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

Part# 3122Rev0308



## Ombudsman

Working for you to: Address  
Concerns and Protect your Rights



**Your Extended Family.**

## What is an Ombudsman?

An Ombudsman is a person who works to address your concerns, issues or questions that could not be taken care of anywhere else.

An Ombudsman works to support your basic right to be treated fairly and with respect.

### Working with:

- You
- Molina Healthcare
- Providers and
- The community

The Ombudsman looks for a way to help you.

## An Ombudsman cannot:

- Give legal advice
- Do case management or give counseling
- Give medical opinions
- Replace the grievance process
- Represent you in Fair Hearings

## An Ombudsman can:

- Listen to and follow up on your concern about services
- Support your mental health rights
- Help you in working through the healthcare system
- Give ideas for making services better

## Molina Healthcare of Washington, Inc., members who can use Ombudsman Services:

- Members enrolled in the Washington Medicaid Integration Partnership (WMIP) program and
- Getting mental health services or
- Unable to get mental health services or
- Members enrolled in Medicare Options Plus program.

## Authorized Person:

You have the right to have a family member or other person help you with your healthcare issues, including your mental health services.

## Release of Information Form:

You must first complete a release of information form if you want the Ombudsman to be able to share your healthcare information with:

- Any other healthcare provider or
- Authorized person

**You can ask your Ombudsman for a copy of this form.**

